

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2175AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2009
NAME OF PROVIDER OR SUPPLIER ROSS SENIOR RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 SADDLE AVE WEST LAS VEGAS, NV 89103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 15417 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 10/14/09. The facility received an annual survey grade of B. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for five (5) Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 4 resident files were reviewed and 4 employee files were reviewed. One discharged resident file was reviewed.</p> <p>No regulatory deficiencies were identified. No further action is necessary. Please retain a copy of this report for your records.</p>	Y 000		
Y 070 SS=D	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This Regulation is not met as evidenced by:</p>	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 Surveyor: 15417 Based on record review on 10/14/09, the facility failed to ensure that 1 of 4 caregivers received eight hours of annual training (Employee #1). Severity: 2 Scope: 1	Y 070		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 10/14/09, the facility failed to ensure that 1 of 4 caregivers had a pre-employment physical (Employee #3). Severity: 2 Scope: 1	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.	Y 105		

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Y 105	Continued From page 2 This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 10/14/09, the facility failed to ensure 3 of 4 caregivers met background check requirements (Employee #1, #3 and #4). Findings include: The file for Employee #1(hired 6/1/06) lacked documented evidence of fingerprint cards. The file for Employee #3 (hired 3/2/08) lacked documented evidence of a State background clearance. The file for Employee #4 (hired 12/4/08) lacked documented evidence of fingerprint cards, State and FBI background clearance. Severity: 2 Scope: 3	Y 105		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by:	Y 936		

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Y 936	<p>Continued From page 3</p> <p>Surveyor: 15417</p> <p>Based on record review on 10/14/09, the facility failed to ensure that 1 of 4 residents complied with NAC 441A.380 regarding tuberculosis (Resident #3) which affected all residents.</p> <p>Findings include:</p> <p>The file for Resident #3 (admitted 8/13/09) lacked documented evidence of an initial two-step and annual one-step tuberculin screening. Resident #3 had a chest x-ray on 4/4/09, but there was no documented evidence indicating the resident had a history of a positive mantoux tuberculin screening.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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